

U. S. Department of Energy
CONTRACT SECURITY CLASSIFICATION SPECIFICATION

CSCS No. _____
Previous CSCS No. _____

1. THIS SPECIFICATION IS FOR: (Complete as applicable)		2. SPECIFICATION IS: (Complete as applicable)	
<input type="checkbox"/> a. PRIME CONTRACT NUMBER	End Date (estimated)	<input type="checkbox"/> ORIGINAL (Complete date in all cases)	
		<input type="checkbox"/> REVISED (Supersedes all previous specifications)	
<input type="checkbox"/> b. SUBCONTRACT NUMBER	End Date (estimated)	<input type="checkbox"/> FINAL <input type="checkbox"/> CERTIFICATE OF POSSESSION (Retention of classified matter is authorized until _____) <input type="checkbox"/> CERTIFICATE OF NON-POSSESSION	
<input type="checkbox"/> c. SOLICITATION OR OTHER NUMBER	End Date (estimated)		
3. GENERAL IDENTIFICATION OF THIS PROCUREMENT			
4. CONTRACTOR NAME, ADDRESS, AND ZIP CODE		b. FACILITY CODE	c. LEAD RESPONSIBLE OFFICE (Name, Address, and Zip Code)
5. SUBCONTRACTOR NAME, ADDRESS, AND ZIP CODE		b. FACILITY CODE	c. LEAD RESPONSIBLE OFFICE (Name, Address, and Zip Code)
6. ACTUAL PERFORMANCE LOCATION		b. FACILITY CODE	c. LEAD RESPONSIBLE OFFICE (Name, Address, and Zip Code)
7. CLEARANCE AND STORAGE			
a. LEVEL OF FACILITY CLEARANCE REQUIRED ____ b. LEVEL OF STORAGE REQUIRED ____ c. ACCESS AUTHORIZATION REQUIREMENTS <input type="checkbox"/> Q <input type="checkbox"/> L			
8. THIS CONTRACT WILL REQUIRE ACCESS TO:		9. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:	
<input type="checkbox"/> RESTRICTED DATA		<input type="checkbox"/> HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY	
<input type="checkbox"/> FORMERLY RESTRICTED DATA		<input type="checkbox"/> RECEIVE CLASSIFIED MATTER	
<input type="checkbox"/> NATIONAL SECURITY INFORMATION		<input type="checkbox"/> GENERATE CLASSIFIED MATTER	
<input type="checkbox"/> SENSITIVE COMPARTMENTED INFORMATION (SCI)		<input type="checkbox"/> PERFORM SERVICES THAT REQUIRE UNESCORTED ACCESS TO SECURITY AREAS	
<input type="checkbox"/> OTHER DIRECTOR OF CENTRAL INTELLIGENCE (DCI) CAVEATS		<input type="checkbox"/> FABRICATE, MODIFY, OR STORE CLASSIFIED ITEMS (e.g. HARDWARE OR SUBSTANCES)	
<input type="checkbox"/> SPECIAL ACCESS PROGRAMS		<input type="checkbox"/> HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS, AND TRUST TERRITORIES	
<input type="checkbox"/> COMMUNICATIONS SECURITY (COMSEC) INFORMATION		<input type="checkbox"/> BE AUTHORIZED TO USE THE OFFICE OF SCIENTIFIC & TECHNICAL INFORMATION TO RECEIVE CLASSIFIED MATTER	
<input type="checkbox"/> FOREIGN GOVERNMENT INFORMATION		<input type="checkbox"/> REQUIRE A COMSEC ACCOUNT	
<input type="checkbox"/> NATO INFORMATION		<input type="checkbox"/> BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> OTHER (Specify)	

10. CLASSIFICATION GUIDANCE.		
The classification guidance needed for this classified effort is identified below. NOTE: Guidance which is in itself classified should be referenced here and provided under separate cover.		
11. SECURITY REQUIREMENTS.		
Security requirements are established for this contract and are identified in the following contract clauses. <input type="checkbox"/> DEAR 952.204-2 Security Requirements <input type="checkbox"/> DEAR 952.204-70 Classification <input type="checkbox"/> DEAR 952.204-73 FOCI (Solicitations) <input type="checkbox"/> DEAR 952.204-74 FOCI (Contracts or Agreements)		
12. SURVEYS.		
Elements of this contract are outside the survey responsibility of the lead responsible office and the surveying office. <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, explain and identify specific areas which require surveys.) DOE surveying office is _____		
13. CERTIFICATION AND SIGNATURE. All questions shall be referred to the official named below.		
a. TYPED NAME OF PROCUREMENT REQUEST ORIGINATOR	b. TITLE and ORGANIZATION	c. TELEPHONE (include Area Code)
d. ADDRESS (include Zip Code)		e. SIGNATURE _____ DATE: _____
14. CONTRACTING OFFICER SIGNATURE _____ DATE: _____		
15. CLASSIFICATION OFFICER APPROVAL OF BLOCK 10 _____ DATE: _____		
16. LOCAL DOE SECURITY OFFICE SIGNATURE Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified contract. _____ DATE: _____ RESPONSIBLE OFFICE: _____		
17. REQUIRED DISTRIBUTION		
<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/> LEAD RESPONSIBLE OFFICE (LRO) <input type="checkbox"/> ADMINISTRATIVE CONTRACTING OFFICER <input type="checkbox"/> SURVEYING OFFICE IF DIFFERENT THAN LRO <input type="checkbox"/> OTHERS AS NECESSARY		